

# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 110)

Complete if Known	
Application Number	08/951,201
Filing Date	October 14, 1997
First Named Inventor	William M. Woodard
Examiner Name	Doroshenk, A.
Art Unit	1764
Attorney Docket No.	51757-0200 (51757-278937)

*JUN 30 2003  
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GROUP 1700*

## METHOD OF PAYMENT (check all that apply)

 Check    Credit card    Money    Other    None  
 Order
  Deposit Account:

Deposit Account Number	11-0855
Deposit Account Name	Kilpatrick Stockton LLP

## The Director is authorized to: (check all that apply)

- 
- Charge fee(s) indicated below
- 
- Credit any overpayments
- 
- 
- Charge any additional fee(s) during the pendency of this application
- 
- 
- Charge fee(s) indicated below, except for the filing fee
- 
- to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	(\\$)	(\\$)
1001	2001	750	375
1002	2002	330	165
1003	2003	520	260
1004	2004	750	375
1005	2005	160	80

SUBTOTAL (1)

(\$ 0)

## 2. EXTRA CLAIM FEES

Total Claims	-20 **	=	0	X	Fee from below	=	0	Fee Paid
Independent Claims	-3 **	=	0	X		=	0	
Multiple Dependent				X		=	0	

## Large Entity Small Entity

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	(\\$)	(\\$)
1202	2202	18	9
1201	2201	84	42
1203	2203	280	140
1204	2204	84	42
1205	2205	18	9

SUBTOTAL (2)

(\$ 0)

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	(\\$)	(\\$)
1051	2051	130	65
1052	2052	50	25
1053	1053	130	130
1812	1812	2,520	2,520
1804	1804	920*	920*
1805	1805	1,840*	1,840*
1251	2251	110	55
1252	2252	410	205
1253	2253	930	465
1254	2254	1,450	725
1255	2255	1,970	985
1401	2401	320	160
1402	2402	320	160
1403	2403	280	140
1451	1451	1,510	1,510
1452	2452	110	55
1453	2453	1,300	650
1501	2501	1,300	650
1502	2502	470	235
1503	2503	630	315
1460	1460	130	130
1807	1807	50	50
1806	1806	180	180
8021	8021	40	40
1809	2809	750	375
1810	2810	750	375
1801	2801	750	375
1802	1802	900	900

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 110)

\*\*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY						Complete (if applicable)	
Name (Print/Type)	Jeffrey B. Arnold	Registration No. Attorney/Agent)	39,540	Telephone	404-815-6500		
Signature				Date	June 23, 2003		

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PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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17649

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number 08/951,201

Filing Date October 14, 1997

First Named Inventor William M. Woodard

Art Unit 1764

Examiner Name Dodoshen, A.

Total Number of Pages in This Submission

15

Attorney Docket Number

51757-0200 (51757-278937)

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## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  return postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		



35395

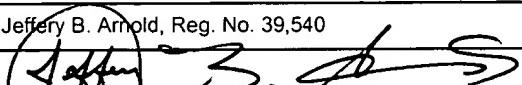
PATENT TRADEMARK OFFICE

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jeffery B. Arnold, Reg. No. 39,540		
Signature			
Date	June 23, 2003		

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Jeffery B. Arnold, Reg. No. 39,540		
Signature		Date	June 23, 2003

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